

DAILY INSPECTION REPORT

Report number ____ of ____

DAILY INSPECTION REPORT

Inspector _____ Project _____ Date _____

Temp

High _____

Low _____

Weather

AM _____

PM _____

Work Suspended

Time Suspended _____

Time Resumed _____

Contractor

| Name of Contractor | # Supervisors | # Workers | # Hours |
|--------------------|---------------|-----------|---------|
| | | | |
| | | | |
| | | | |

Contractor's Equipment & Personnel

Conversations with Contractor

Daily Staff (LTG)

| Staff Member | Work Code | Reg Hours | OT | Vehicle # | Start Mileage | End |
|--------------|-----------|-----------|----|-----------|---------------|-----|
| | | | | | | |
| | | | | | | |

Work Items

| Item # | Description | Station | Quantity | Unit | Book # |
|--------|-------------|---------|----------|------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Remarks: _____

Inspector's Signature / Date

Project Manager (Initials) / Date

Local Program Administrator (Initials) / Date